2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0000001769

Entity Name: RAINBOW OF HOPE-DREAM CENTER, INC.

FILED May 01, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
14440 OLIVIA EDWARDS (LINCOLN) BLVD. MIAMI, FL 33176			17623 HOMESTEAD AVENUE MIAMI, FL 33157 US			
Current Mailing Address:			New Mailing Address:			
14440 OLIV MIAMI, FL		(LINCOLN) BLVD.				
FEI Number:	65-1130207	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name a					Address of	New Registered Agent:
RYANS, RICHARD T 14440 LINCOLN BLVD MIAMI, FL 33176 US				GARNETT, ROBERT 12634 SW 211 TERRACE MIAMI, FL 33177 US		
The above in the State	named entity รเ of Florida.	bmits this statement for the pur	rpose o	f changing it	s registered	office or registered agent, or both,
SIGNATURE: ROBERT GARNETT						05/01/2003
	Electronic	Signature of Registered Agent	t			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () E MALONE, CARLO 8421 S.W. 183RI MIAMI, FL 33157	OST.		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	DP () E SIMS, PATRICIA 15830 S.W. 105 MIAMI, FL 33157			Title: Name: Address: City-St-Zip:	VP (X) GODWIN, HEN 7701 SW 1813 MIAMI, FL 33	ST TERRACE
Title: Name: Address: City-St-Zip:	DV () E BROWN, CLAUD 17520 S.W. 140 MIAMI, FL 33177	CT.		Title: Name: Address: City-St-Zip:	TD () GARNETT, RC 12634 SW 21 MIAMI, FL 33	1 TERRACE
Title: Name: Address: City-St-Zip:	D () E AUSTIN, SUZANN 18462 S.W. 184 MIAMI, FL 33157	PL.		Title: Name: Address: City-St-Zip:	GATLIN, MARI	FERN STREET
Title: Name: Address: City-St-Zip:	DT () E RYANS, RICHARI 8260 SW 210TH MIAMI, FL 33189	STREET, #108		Title: Name: Address: City-St-Zip:	D () JOHNSON, ST 12519 SW 94 MIAMI, FL 33	TH TERRACE
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	D (MERIT, PATRI 11401 SW 143 MIAMI, FL 33	7TH STREET

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GARNETT TD 05/01/2003